Officer/Director Detail :			
Title	P	Title	S
Name	STRACHAN, BELINDA	Name	ANDERSON, ANGEL
Address	933 SW JASLO AVENUE	Address	933 SW JASLO AVENUE
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PORT ST. LUCIE FL 34953
	_	T .4.	5
Title	T	Title	D
Name	PAVAO, MICHELLE	Name	COX-TITUS, RACHEL
Address	912 JEREMKO AVENUE	Address	413 DOUGLAS STREET
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	SYRACUSE NY 13203
Title	D		
Name	KASBAR, MIESHA		
Address	1335 NW PINE RIDGE TRAIL		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: ANGEL ANDERSON

City-State-Zip: STUART FL 34994

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1400008554

Entity Name: TAMIQA'S HOUSE, INC.

Current Principal Place of Business:

933 SW JASLO AVENUE PORT ST. LUCIE. FL 34953

Current Mailing Address:

933 SW JASLO AVENUE PORT ST. LUCIE. FL 34953

FEI Number: 47-1681617

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

STRACHAN, BELINDA 933 SW JASLO AVENUE PORT ST. LUCIE, FL 34953 US

SIGNATURE: BELINDA STRACHAN

Certificate of Status Desired: No

FILED Jan 09, 2021 Secretary of State 5780640913CC

> 01/09/2021 Date

01/09/2021 Date